

State Civil Defense  
3949 Diamond Head Road  
Honolulu, Hawaii 96816  
Phone: 733-4300  
Fax: 733-4287

**Emergency Management Course**  
**APPLICATION/ REGISTRATION FORM**  
(Please type or print legibly)

Enter <b>Course Title/Crse Code/ Activity</b> above	<b>Date of Course/Activity</b>
Enter <b>Training Location</b> above	<b>Instructor</b> (above)
Enter <b>NAME of Participant</b> above	<b>Title/Position</b> of participant
Business Organization and Address below:	SSN: _____
_____	Phone: _____
_____	Email: _____
_____	FAX: _____

**Sponsoring emergency management organization:** \_\_\_\_\_  
Phone: \_\_\_\_\_ (i.e. DOT, HCDA, KCDA, MCDA, OCDA)  
Email: \_\_\_\_\_  
FAX: \_\_\_\_\_

Please **explain your role in relation to State emergency management** and what you hope to gain from this course/ activity that will assist you with that responsibility.

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Application/ registration should be sent **thru your civil defense coordinator or civil defense agency** to the State Civil Defense Training Section at the above address. If applicable, please advise us of your special needs or a disability that we should consider when you attend this class. Call Warren Chung, Clement Jung, or Leighton Ah Cook for questions on classes or activities.